

**Division of Children and Family Services  
 Protection and Safety Procedure #25-2015**

Regarding:	Documentation of Eligibility of the Child for Health Insurance
Date Effective:	11/13/2015
Contact:	Katie Weidner ( <a href="mailto:Katie.weidner@nebraska.gov">Katie.weidner@nebraska.gov</a> or 402-471-9700)
Issue By:	Doug Weinberg, Director, Children and Family Services

**Philosophy:**

Nebraska Revised Statute §43-285 requires the Department of Health and Human Services (DHHS) to file a report with the court once every six months or at shorter intervals if ordered by the court or deemed appropriate by DHHS. Every six months, the report shall provide an updated statement regarding the eligibility of the child for health insurance, including (but not limited to) medical assistance under the Medical Assistance Act.

**Procedure:**

Each court report will provide information to the court regarding whether or not the child has health insurance, the name of the health insurance provider, or whether the child is covered under Medicaid or if the child is eligible for Medicaid.

The CFS Specialist will document in the Court Report narrative, "Court Report Person-Medical Conditions/Needs", the following information:

- A statement regarding the child's eligibility for health insurance including information about any insurance under which the child is currently covered; and
- If the child does not have insurance, whether an application for Medicaid, CHIP, or private insurance has been made including the date of application and the date of approval/denial, and reason for denial (if applicable).

The eligibility for health insurance statement will be updated at least once every 6 months or earlier as ordered by the court and will be documented for each state ward identified in the court report.

Example Statements:

"[Child] does not currently have health insurance, however the child is eligible for Medicaid and an application for Medicaid was submitted on 10/01/2015. This application is pending at this time."; or  
 "[Child]'s parents have coverage for the child through private health insurance with Blue Cross/Blue Shield."; or  
 "[Child] is currently covered under Medicaid"; or  
 "[Child] is not currently eligible for Medicaid and the [Child]'s parents do not have private health insurance."

**References:**

Nebraska Revised Statute §43-285